

Creating a Community Plan to Address Medical Translation and Interpretation

Improving Healthcare for
Non- and Limited-English
Speaking Residents of
Lincoln, Nebraska

**Nebraska Minority Health Conference
Omaha, NE
October 26, 2005**

Presentation Objectives

1. **Explore the factors that led to the facilitation of the Medical Translation and Interpretation (MTI) Project in Lincoln, Nebraska.**
2. **Discuss the observations and action strategies identified by focus groups and work sessions.**
3. **Facilitate dialogue regarding CLAS Standards and interpretation in behavioral health.**

A Community Voice.....

*“It is very difficult to be sick
in another language.”*

-Asian immigrant in Lincoln, Nebraska

Demographics

Lincoln/Lancaster County, Nebraska

- Lincoln/Lancaster County, Nebraska has a population of 250,291 (Lincoln - 225,581).
- The minority population of Lancaster County is 11.3%.
- Over 50 different primary languages are spoken in Lincoln, Nebraska.
- Lancaster County ranks 14th nationally in per capita refugee resettlement.



Getting to the Issue.....

- *Urgent Matters* a study of Lincoln's healthcare safety net was conducted by the Robert Wood Johnson Foundation and George Washington University,
- Culturally and Linguistically Appropriate Services (CLAS) Coalition facilitated by Region V Systems.
- *The Blueprint Project* facilitated by the Community Health Endowment identified healthcare issues and solutions in three of Lincoln's census tracts.
- **All agree.....“Existing interpreter services in the healthcare community are inadequate.”**

The Process:

1. Focus Groups

- December, 2004 – January, 2005
- Collaboration of CHE and the New Americans Task Force
- Nine focus groups to gain a better understanding of the quality and availability of MTI services in Lincoln, Nebraska.

The Process:

1. FOCUS GROUPS (cont...)

- New Americans, policymakers, healthcare professionals, first responders, consumers, and human service providers.
- 12 key observations regarding the status of MTI services in Lincoln, Nebraska.

A Community Voice.....

“MTI is not an issue just for the actual medical encounter. It also impacts appointment scheduling, follow-up care, filling a prescription, arranging medical transportation, and being able to communicate in a medical emergency”

-Manager, Physician Office

The Process:

11. Focus Group Observations

1. More than 50 languages and dialects are spoken in Lincoln.
2. MTI services are fragmented.
3. There is a low level of public awareness about the language diversity that exists in Lincoln.

The Process:

11. Focus Group Observations (cont...)

4. Assuring quality interpretation services is a community responsibility.
5. Community-wide guidelines and standards for interpreter services need to be developed.
6. There is confusion about the distinction between translation and interpretation.

The Process:

11. Focus Group Observations (cont...)

7. The impact of MTI has not been well articulated to local, county, state, and federal policymakers.
8. MTI has far-reaching implications in the provision of a broad array of health-related services.
9. Given the highly specialized nature of medical care and terminology, the overall quality of MTI services is troubling.

The Process:

11. Focus Group Observations (cont...)

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The Process:

11. Focus Group Observations (cont...)

10. The time and cost associated with MTI services are particularly salient among private physician practices.
11. The quality of MTI is viewed as directly proportional to the cost of the service.
12. Bi-lingual staff is often expected to provide MTI services outside the scope of their ability.

A Community Voice....

“Physicians have been told that (medical translation and interpretation) is our problem, but we can’t handle the issue alone. We also understand that the burden cannot be placed on the patient alone. There must be a community solution.”

-Lincoln Physician

Developing an Action Strategy

- A diverse group of stakeholders were convened with the charge of identifying action strategies that addressed the focus group observations.
- The group developed eight action strategies for implementation over the next 36 months.

Eight Action Strategies

1. Create a formal Medical Translation and Interpretation (MTI) Leadership Group.
2. Survey a representative sample of professionals from all healthcare disciplines to determine the specific scope and need for MTI services.
3. Convene a sub-committee of the MTI Leadership Group who will develop MTI standards and guidelines for implementation.

Eight Action Strategies

4. Increase the knowledge of policymakers and the general public in Lincoln/Lancaster County about the extent and implication of language diversity present in our community.
5. Create a language identification card that Non-English Proficient (NEP) and Limited English-Proficient (LEP) individuals can carry to alert healthcare providers of their MTI needs.

Eight Action Strategies

6. Consolidate and enhance existing MTI services by creating a “dispatch center” for MTI resources that is available 24 hours a day, seven days a week.
7. Develop and seek sponsorship for state legislation to standardize qualifications, education, training, and state recognized certification of MTI professionals.
8. Seek revision to state and national insurance policy to recognize the provision of MTI services in the clinical setting as a reimbursable expense.

Medical Translation and Interpretation (MTI) Leadership Group

- The MTI Leadership Group began meeting in August 2005.
- The group is composed of stakeholders that represent expertise for each of the eight action strategies.

Medical Translation and Interpretation (MTI) Leadership Group

Mission Statement

To examine and enhance medical translation and interpretation (MTI) services in Lincoln and Lancaster County through strategic leadership, innovation, collaboration, and advocacy.

Project Status

- A formal MTI Leadership Group has been established (#1)
- The Lancaster County Medical Society is working with graduate students from the University of Nebraska-Lincoln to design a MTI survey of healthcare professionals. (#2)
- A sub-committee has been created and is meeting to develop community standards for MTI qualifications. (#3)

CLAS Standards & Behavioral Health

CLAS Standards and behavioral health:

1. Federal Level
2. Regional Level
3. State Level
4. Local Level

Federal Level

**CLAS Development:
Why the need for standards?**

Regional Level

- CLAS Coalition
- CLAS Grants
- CLAS Reimbursements

State Level

- What is going on in Nebraska?
 - Office of Minority Health
 - Possible Statewide Summit

Local Level (Lincoln, NE)

- Blueprint Project
- Training
- Minority behavioral health services

Discussion: Statewide Summit

- Is a statewide summit on CLAS issues a good idea?
- What would we want to accomplish?
- Who should attend?
- What agency or organization should take the lead in coordination?



Questions?

Presenter Contact Information

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